									10/	6	464	056
PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number				
Effective October 1, 2003									10	в	76.60	5%
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OF		R THAN ENTITY
T	OTAL CLAIMS	\$	12				ļ	RATE	FEE	רי רי	RATE	FEE
FOR			NUMBER FILED NUMBER EXTRA				BASIC FI		OF	BASIC FE		
TOTAL CHARGEABLE CLAIMS			3 minus 20= • Ø				X\$ 9=	17	OF	X\$18=		
INDEPENDENT CLAIMS			minus 3 =				X43=	17	OR	X86=		
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT				+145=	1/	OR	<b>—</b>		
• If the difference in column is less than zero, enter *0* in column 2 TOTAL 250 OR TOTAL												
GLAIMS AS AMENDED PART II OTHER TO												
AMENDMENT A		(Column 1) CLAIMS		(Colum	ST	(Column 3)	1	SMALL		OR 7	SMALL	
		AFTER :		PREVIO	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	. 3	Minus	- 20	)	- )		X\$ 9=		OR	X\$18=	* 1
	independent	ENTATION OF MI	Minus	3	3	=		X43=		OR	X86=	-
	PINST PRESE	INTATION OF BIL	JLTIPLE DE	PENDENT	CLAIM			+145=	1	OR	+290=	
		•		. ,	•	•	1	YOYAL ADDIT, FEE			TOTAL ADDIT, FEE	-
(Column 1) (Column 2) (Column 3)							,	ADDII. FEE			ADDII. FEE!	7
AMENOMES!T B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• / .	Minus	-21	2	- /	Ì	XS 9=	7	OR	X\$18=	/
	Independent	• /	Minus	3	_	5	ł	X43=	/	1	X86=	<del>/-</del>
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	/ -	OR	+290=	/
						,	L	+145=	-	OR	+290=	
			•				A	DOIT. FEE	<u> </u>	OR	DOIT. FEEL	
7	•	(Column 1)		(Columni HIGHES		(Column 3)	_					
		REMAINING AFTER AMENDMENT	<u>.</u>	NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	/DDI- TIONAL
	Total	•	Minus	*			t	X\$ 9=	- 65	OR	X\$1B=	FEE
		l	Minus	***			H	X43=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	A43=.		OR	X86=	
• #1	the entry in colum	n 1 is tess then the	entry in enha	nn 2 write W	'in cat-	mn 3	L	+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write. "O" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***OTAL ADDIT, FEE												
ח	e 'Highest Numb	er Previously Paid	For (Total or	Independent)	is the h	o, enuer 3." ighest number	foun	d in the app	propriate box			